



REC 15-057

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

January 22, 2015

NHPUC 9 FEB 15 AM 11:22

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429

Dear Ms Howland,

Enclosed please find the application for the Wayne Wright system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Wayne Wright
34 Liberty Street
Salem, NH 03079
603.458.5104
wayne@waybo.us

The Nepool GIS ID # for this facility is: NON43737. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to
executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here ☒ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Wayne Wright Email wayne@waybo.us

Address 34 Liberty Street City Salem State NH Zip 03079

Telephone 603.454.5104 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell _____

Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	29	LG LG300N1C-B1	other		
Inverter	29	Enphase M-250	other		
meter	1	GE i210	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 6.96 AC

What was the initial date of operation (the date your utility approved the facility)? 9/17/14

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer

Name Bright Light Solar, LLC Contact Fuat Ari License # (if applicable) _____

Address 96 Hilliard Road City Chichester State: N H Zip 03258

Telephone 603.961.0045 email fuat.ari@blsus.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ email _____

- If an independent electrician was used, please provide the following information.

Electrician's Name Chris Ward License # 8585

Business Name Ward Electric Email wardelectricllc@yahoo.com

Address 13 French Circle City Pittsfield State NH Zip 03263

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Paul Button Energy Audits Unlimited

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒

If "yes", then provide proof of the certification as **Attachment C**.

- *Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.*
- *In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:*

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com

If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON43737 Asset ID # NON43737

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature _____ Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

Notary Public/Justice of the Peace

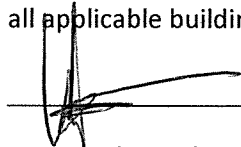
My Commission Expires _____

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature



Date 1/30/15

Applicant's Printed Name

Linda Modica

Subscribed and sworn before me this 30

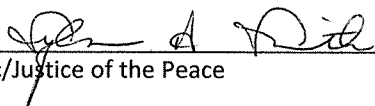
Day of January

(month) in the year 2015

County of Morris

State of New Jersey

SYLVIA A. SMITH
Notary Public
State of New Jersey
My Commission Expires Jan. 6, 2019
I.D.# 2309220


Notary Public/Justice of the Peace

My Commission Expires _____

- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	X
• Documentation of the distribution utility's approval of the installation.*	X
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	X
• The document has been printed and notarized.	X
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	X
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	X
*Usually included in the interconnection agreement.	

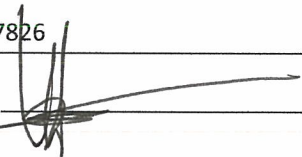
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer's Signature: 

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Legal Name and Address of Interconnecting Customer (or, Company name, if appropriate):

Customer or Company Name (print): Wayne Wright Contact Person, if Company:

Mailing Address: 34 Liberty St.

City: SALEM

State: NH

Zip Code: 03079

E-Mail: bonnie@wayneb.com

Telephone (Daytime): 603-455-5104 (Evening):

Facsimile Number:

Alternative Contact information (e.g., system owner or coordinating company, if appropriate)

Name:

Bright Light Solar LLC

Mailing Address:

26 Hilliard Road

City:

Chichester NH 03268

Telephone (Daytime):

603-551-8846

(Evening):

Facsimile Number:

Electrical Contractor Contact Information (if appropriate)

Name:

Lenn Johnson Electric

Mailing Address:

454 School Road

City:

Pembroke NH 03275

State: NH

Zip Code: 03275

Telephone (Daytime): 603-426-3830

(Evening):

Facsimile Number:

Facility Information:

Address of Facility:

SAME ABOVE

City:

State:

Zip Code:

Electric Supply Co:

LIBERTY

Acct #:

15054-21019

Meter #:

05070921

Gen/Inverter Manu:

ENPHASE

Model Name and #:

M250

Quantity:

26

Nameplate Rating:

240V 8700 kW

(kW)

(kVA)

(AC Volts)

Single

or Three

Phase

System Design Capacity:

240V 8700 kW

(kW)

(kVA)

Battery Backup: Yes

No

Net Metering: If Renewably Fueled, will the account be Net Metered?

Yes

No

Prime Mover: Photovoltaic

Recip'g Engine

Fuel Cell

Turbine

Other:

Energy Source: Solar

Wind

Hydro

Diesel

Nat Gas

Fuel Oil

Other:

UL 1741.1 (IEEE 1547.1) Listed? Yes

No

External Manual Disconnect: Yes

No

Estimated Install Date:

Late July

Estimated In-Service Date:

Mid August

**** System upgraded to 29 LG300N1C-B3 panels @ 300 watts, with 29 Enphase M250 inverters.

Interconnecting Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the

Terms and Conditions on the following page:

Customer Signature:

Wayne Wright

Title: Owner

Date: 6-24-14

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only): Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required.

Are system modifications required? Yes: No: X To be Determined

Company Signature:

[Signature]

Title:

[Signature]

Date:

7/15/14

Company waives inspection/Witness Test? Yes: X No:

Dated: July 03, 2012

Effective: July 03, 2012

Issued by: /s/ Victor D. Del Vecchio

Victor D. Del Vecchio

Title:

President

Authorized by Docket No. DG 11-040, NHPLUC Order No 25.370, Dated 05/30/2012

2014-27

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Exhibit B - Certificate of Completion for Simplified Process Interconnections

Check if owner-installed

Customer or Company Name (print): Wynne R Brouse Wright		Contact Person, if Company:	
Mailing Address: 34 Liberty St			
City: SPRING	State: NY	Zip Code: 03079	E-Mail Address: brouse@wynbo.us
Telephone (Daytime): 603-458-5104		Facsimile Number:	
Address of Facility (if different from above):			
City: SPRING	State: NY	Zip Code:	Contact Person: William Brown
Generation Vendor: BLS			

I hereby certify that the system hardware is in compliance with Puc 900.

Vendor Signature: *[Signature]* Date: 9/13/14

Electrical Contractor's Name (if appropriate): Chas Wurst		License number: 8585	
Mailing Address: 13 Faunce Circle			
City: P.H. 8th	State: NY	Zip Code: 03063	E-Mail Address: wurst@hille.com
Telephone (Daytime): 603-396-0945		Facsimile Number:	
(Evening):			

Date of approval to install Facility granted by the Company: _____
Application ID number: _____
Installation Date: 9/13/14

Inspection:
The system has been installed and inspected in compliance with the local Building/Electrical Code of _____
(City/County) **SPRING NY**

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): *[Signature]*
Name (printed): _____
Date: 9/13/14

Dated: July 03, 2012
Effective: July 03, 2012
Issued by: /s/ Victor D. Del Vecchio
Title: President
Victor D. Del Vecchio

Authorized by Docket No. DG 11-040, NHPUC Order No 25,370, Dated 05/30/2012